**MMAT FAQs**

This is also posted with other great MMAT resources on [www.emorrisonconsulting.com](http://www.emorrisonconsulting.com)

**What is Opioid Use Disorder (OUD)?**

* The DSM-5 defines OUD as "a problematic pattern of opioid use leading to clinically significant impairment or distress." *Cravings* (for the drug), *compulsively* using, despite *consequences* of its use characterize the bio-behavioral components of OUD. (The “3 Cs”.)
* Three out of four people addicted to heroin probably started on a prescription opioid. Between 2005 and 2014, opioid-related inpatient hospitalizations increased by 64 percent and emergency department visits rose by 99 percent.
* Much of the opioid addiction epidemic originated from well-intentioned doctors treating patients with real medical problems.

**What is multidisciplinary medication assisted treatment (MMAT)?**

SAMHSA defines MMAT as "the use of medications, in combination with counseling and behavioral therapies, to provide a 'whole-patient' approach to the treatment of substance use disorders."

* For OUD specifically, MMAT utilizes medications to prevent the euphoric effects of opioids, to lessen cravings for opioids and to decrease withdrawal symptoms by using opioid agonists (methadone), partial agonists (buprenorphine), or antagonists (naltrexone). Medications are prescribed in conjunction with patients receiving counseling support.
* While offering MMAT services in primary care settings may appear complex, many PCP and BH providers view it as the treatment of a chronic disease, much like the treatment they already provide for patients with asthma, diabetes and hypertension.

**How do I start to treat OUD with MMAT?**

* Under the Drug Addiction Treatment Act of 2000 (DATA 2000), physicians are allowed to obtain a waiver to prescribe buprenorphine for the treatment of OUD. To become waivered, providers must be trained in the use of buprenorphine for MMAT and acknowledge their patients will have access to counseling services.
* Physicians can provide buprenorphine treatment for up to 30 individuals for the first year, after which they can request approval to treat up to 275 patients. Also in 2016, the Comprehensive Addiction and Recovery Act (CARA) extended the ability to prescribe buprenorphine to trained and waivered nurse practitioners (NP) and physician assistants(PA).
* To obtain a waiver, physicians must participate in an 8-hour training to qualify to prescribe and dispense buprenorphine. PAs and NPs must obtain no fewer than 24 hours of initial training, and they may take the same 8-hour-waiver course that physicians take. The DATA-waiver course is offered by the [Providers' Clinical Support System for Medication-Assisted Treatment](https://pcssnow.org/medication-assisted-treatment/) (PCSS-MAT).

**How should the MMAT treatment team be organized?**

* A dedicated care coordinator or community health worker to provide care integration and coordination for MMAT patients.
* A waivered medical practitioner who prescribes buprenorphine and provides consultation as needed.
* A trained social worker, psychologist or addiction counselor to provide biopsychosocial assessments and behavioral health services.
* A medical assistant for vital signs and urine drug screens for all new and returning MMAT patients.
* A nurse care manager to
  + Supervise medication induction
  + Monitor stabilization and provide support to the patient with frequent visits or calls

**Do I need a therapist too?**

* MMAT is a multimodal and comprehensive treatment approach that must include a psychosocial component, such as cognitive behavioral therapy, motivational enhancement therapy, relapse prevention training and/or peer-delivered recovery support services. The psychosocial treatment component aims to modify underlying thoughts, feelings and behaviors that affect substance use and addiction by increasing motivation to change and the use of new, more adaptive coping skills.
* The integration of behavioral health and primary care promotes comprehensive, whole- person, patient-centered care. 2016’s *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* concluded that integrated care is "a logical and necessary shift that our society must make to prevent substance misuse and its consequences and meet the needs of individuals with substance use disorders."

**What else do I need to know?**

* Providers and other office staff may have biases against drug using patients seeking MMAT. For example, many providers view abstinence as a "better" treatment than MMAT because they consider using opioid maintenance therapy as replacing one addictive drug with another. Stigma is expected, but must be minimized for MMAT to succeed.
* In part, negative perceptions of patients seeking MMAT may be due to beliefs that those with addiction ‘lie’ or rarely recover. Sometimes it may be due to concerns about diversion (the illegal distribution and use of drugs that deviates from their original medical purpose) and misuse of buprenorphine.
* There are many strategies for successfully dealing with concerns about stigma and diversion.

**How do I sustain my office-based MMAT program going forward?**

* Sustainable financing is essential to ensuring the availability and use of MMAT services.
* As the Inland Empire’s largest MediCal managed care plan, IEHP is committed to improving OUD treatment outcomes and sustaining MMAT practices by
  + Providing start up grants for primary care organizations to begin or expand MMAT services
  + Paying a fee for MMAT service, on top of capitation contract rates
  + Paying fee for service rates for behavioral health services.